

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/531544

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
11	1						
12	1						
13	1						
14	1						
15	1						
16	1						
17	1						
18		1					
19	1						
20	1						
21	1						
22	1						
23		1					
24		1					
25	1						
26		1					
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28	1						
29		1					
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32	1						
33	1						
34	1						
35	1						
36	1						
37	1						
38	1						
39	1						
40	1						
41	1						
42	1						
43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49	1						
50	1						
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	1						
52		1					
53	1						
54	1						
55	1						
56	1						
57	1						
58	1						
59	1						
60	1						
61	1						
62	1						
63		1					
64		1					
65		1					
66		1					
67		1					
68		1					
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73		1					
74		1					
75		1					
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78		1					
79		1					
80		1					
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83		1					
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85		1					
86		1					
87		1					
88		1					
89		1					
90		1					
91		1					
92		1					
93		1					
94		1					
95		1					
96		1					
97		1					
98		1					
99		1					
100		1					
TOTAL IND.			6		↓		↓
TOTAL DEP.			56		←		←
TOTAL CLAIMS			62				